

09CV903

JUDGE DER-YEGHIAYAN

MAG. JUDGE COLE

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

J. N.

Charge Presented To:

Agency(ies) Charge No(s):

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

☐ FEPA☒ EEOC

440-2007-02670

Illinois Department Of Human Rights

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Sharon Marcellino

Home Phone (Incl. Area Code)

(847) 301-8509

Date of Birth

09-12-1954

Street Address

City, State and ZIP Code

519 Hazel Drive, Schaumburg, IL 60193

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

FEDEX

No. Employees, Members

500 or More

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

1270 N. Wilkening Road, Schaumburg, IL 60173

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

05-01-2006

09-25-2006

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN

☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below)
☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was hired by Respondent on or about May 27, 1986, my last position was Senior Service Agent. The Respondent is aware of my disability and refused to afford me a reasonable accommodation. On or about September 29, 2006.

I believe that I have been discriminated against because of my disability, in violation of the American with Disabilities Act of 1990, as amended.

RECEIVED EEOC

MAR 12 2007

CHICAGO DISTRICT OFFICE

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

03-07-07

Date

Sharon Marcellino

Charging Party Signature